

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-006

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

RECEIVED

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$0
b. FFY 2005 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 10-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 10-1

10. SUBJECT OF AMENDMENT:

Personal Care Services – Adding a WAC reference

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:

June 17, 2004

16. RETURN TO:

Department of Social and Health Services
Attn: Ann Myers
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 18 2004

18. DATE APPROVED: JUL - 1 2004

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Karen S. O'Connor

22. TITLE:
Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

POSTMARK:
6/17/04

City: Olympia

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: WASHINGTON

26. Personal Care Services

(1) Eligibility for services.

- (a) Persons must be living in their own home, Adult Family Home, family foster home, children's group care facility or licensed boarding home.
- (b) Persons must be determined to be categorically needy and have three ADL needs requiring minimal assistance or one ADL need requiring more than minimal assistance. ADL assistance is defined in WAC 388-71-0202 and WAC 388-72A-0035 and WAC 388-42A-0040.

(2) Nurse Oversight

A registered nurse may:

- (a) Perform an on-site evaluation of personal care services,
- (b) Assess provider skill levels and training needs, and
- (c) Assess client needs, caregiver skills, and provide training as per RCW 18.79.260 and WAC 246-840-910 through 970.

(3) Training

The department will coordinate community resources to ensure that appropriate training is available to home care agency aides and individual providers engaged in the provision of Medicaid personal care services.